Col	bal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
10>	Study Area Code	309005
015>	Study Area Name	Virgin Mobile USA LP
)20>	Program Year	2015
030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
035>	Contact Telephone Number - Number of person identified in data line <030	
039>	Contact Email Address - Email Address of person identified in data line <030	0> andy.m.lancaster@sprint.com
910>	Tribal Land(s) on which ETC Serves	
20>	Tribal Government Engagement Obligation	Name of Attached Document
		Name of Attached Document
your c	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document
your o	company serves Tribal lands, please select (Yes, No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select
o confi emons	company serves Tribal lands, please select (Yes, No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select Yes,No,
your confi emons 54.31	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to ((3(a)(9)) includes:	Select Yes,No, NA)
your of confi mons 54.31: 21>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to ((3(a)(9)) includes:	Select Yes,No,
your of confi mons 54.31: 21>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select Yes,No, NA)
your o confi mons 54.31: 21> 22> 22>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to \$(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	Select Yes,No, NA)
your confirmons 64.31: 21> 22> 23>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;	Select Yes,No, NA)
your confirmons 54.31: 21> 22> 23> 24>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to \$(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes	Select Yes,No, NA)
your c confi emons 554.31: 21> 22> 23> 24> 25>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to (s(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements	Select Yes,No, NA)
your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to (a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Select Yes,No, NA)

MARKET PROPERTY.	Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Meline	rms and Condition for Lifeline Customers	4	FCC Form 481 ON/8 Control No. 3060-0585/ON/8 Control No. 3060-0819 Joly 2013
	CLUM TURI	Anna dal	
<010>	Study Area Code		109035
<015>	Study Area Name		Virgin Mobile USA LP
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data	ine <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030>	andy, m. lancaster@aprint.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		Name of Attached Document
<1220>	Link to Public Website	HTTP h	ttp://www.assurancewireless.com/Public/TermsandConditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mu report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	7	
<1222>	Details on the number of minutes provided as part of the plan,	1	
<1223>	Additional charges for toll calls, and rates for each such plan.	1	

(2000) P	ice Cap Carrier Additional Documentation		ALL STATES	FCC Farm 401
E MASSAGE	ection Form		at the state of	OMB Control No. 3050-0985/OMB Control No. 3050-0819
No. 12 (25) (5) (5)	Rate-of-Return Carriers officiated with Price Cap Local Exchange Carriers		A STATE OF	July 2013
<010>	Study Area Code	309005		
<015>	Study Area Name	Virgin Mobile USA LP		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster		
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@eprint.com		
CHECK to	he boxes below to note compliance as a recipient of incremental Connect Amer			
	support as set forth in 47 CFR § 54.313(b),(c),(d),(	ej the information reported on this form	and in the documents attached	below is accurate.
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		_	
<2015>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification		$\vdash$	
<2018>	5th year Broadband Service Certification		=	
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	t shall provide the number, names, an	nd L	
		I		
*2021-	Interior Progress Community Assistant Institutions	ı		N .
<2021>	Interim Progress Community Anchor Institutions			
		Na	ime of Attached Document Listin	g Required Information
	A STATE OF THE STA			

	de Cd Burner, Cerrier Additional Descenses (1908) Action Form	FCC Ferri AR3  GARS Council No. 3060-0995/OMR Control No. 3080-0819
To the		Selfy 201.8
<010>	Study Arez Code	309005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>		andv.m.lancaster@sprint.com
HECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	I
30201	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
		reasie in Actained Document coding required informations
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
		Name of Attached Document Listing Required information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)
	If yes, does your company file the RUS annual report	(Yes/No)
	a Balkana Kana Kalifaa waxa maa aa Kanaa aa	20
Please	check these boxes to confirm that the attached document(s), on line 301	<ol> <li>contains the required information pursuant to § 54.313(f)(2) compliance requires:</li> </ol>
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
	Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(2017)	If the response is yes on line 3014, attach your company's RUS annual	1
(3017)	report and all required documentation	1
	report and an required accumentation	
		Name of Attached Document Listing Required Information
		(Yes/No) (Q)(Q)
(2018)	If the response is no on line 3014, is your company audited?	
	If the response is yes on line 3018, please check the boxes below to	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	17 Table 2 Tab
[3019]	Either a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.
(3021)	management rester assess by the independent certified pashe accountants that	
	If the response is no on line 3018, please check the boxes below	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	
30231	Underlying information subjected to a review by an independent certified	
	public accountant	
(3024)	Underlying information subjected to an officer certification.	<b>—</b>
	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
	The state of the s	
		· ·
(2026)	Attach the worksheet listing required information	- Table 1 - Tab
[9070]	without the worksheet is rink to dair on intermedian	I
	I	
	Į.	
		Name of Attached Document Listing Required Information

100000000000000000000000000000000000000	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 9137626107 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> andy.m.lancaster@sprint.com

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Virgin Mobile USA LP Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2014 Printed name of Authorized Officer: Assistant Controller Telephone number of Authorized Officer: 9137625987 ext. Study Area Code of Reporting Carrier: 309005 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §6 502, 503(b), or fine or imprisonment

\$4355555566655535	tion - Agent / Carrier lection form	FCC Form 481 OMia Control No. 3060-0985/QMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the Information reported on behalf of the reporting ca
also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	ponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the author provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	ili Piteri gamentari mentaren eta
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
: [18] [18] [18] [18] [18] [18] [18] [18]	orized to submit the annual reports for universal service support eporting carrier; and, to the best of my knowledge, the informat	그는 그렇게 하는 것 같아. 이 전에 먹지 않는 것이 없는 이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.
Name of Reporting Carrier:		-
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

	perating Companies Rection Form		en e		RCE Form 493 OMB Control No. 3060-0985/OMB Control No. 3060-0819. July 2013
<010>	Study Area Code		309005		
<015>	Study Area Name		Virgin Mobil	e USA LP	=_3000
<020>	Program Year		2015		
<030>	Contact Name - Person U	SAC should contact regarding this data	Andrew M. La	ncaster	
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	9137626107 e	xt.	
<039>			andy.m.lanca	aster@aprint.com	
<810>	Reporting Carrier	Virgin Mobile USA LP			
<811>	Holding Company	Softbank Corp.			
<812>	Operating Company	A second second			
<813>	***	Affiliates		5025	(ab
		Amiliates		SAC	Doing Business As Company or Brand Designation
	Virgin Mob	ile USA LP		309005	Assurance Wireless
	-				
	-	******* * * * * * * * * * * * * * * * *			
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		Maille - To Ma			- A. W. 1994 M. 1. 1994 M. 1. 1994 M.
	<b>U</b>				
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	S				

		CRO		1200-2	
FCC For	m 481 - Carrier Annual Reporting Data Collection Form		他们的自己的原理的对象。1975年10日以2016年10日,1975年10日的	Corm 481 Control No. 3050-0986/CARS Cor MIJ3	Arol No. 3060-0619
<010>	Study Area Code	359126			
<015>	Study Area Name	Virgin Mobile USA	LP		
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Andrew M. Lancaster		×.	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9137626107 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	andy.m.lancaster@sp	rint.com		
ANNUA	L REPORTING FOR ALL CARRIERS			Complet Require (check bo	on Completion
<100>	Service Quality Improvement Reporting		(complete attached worksheet		441460
<200>	Outage Reporting (voice)		(complete attached worksheet	0	
<210>		outages to report			111811
<300>	Unfulfilled Service Requests (voice)			L	179588
<310>	Detail on Attempts (voice)		(ai	ttach descriptive document)	
<320>	Unfulfilled Service Requests (broadband)				THE P
	Detail on Attempts (broadband)				
<330>	Detail of Attempts (producting)		10	attach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed	_			
<420> <430>	Mobile Number of Complaints per 1,000 customers (broadb	and)			
<440>	Fixed Fixed	1		L	11111
<450>	Mobile Service Quality Standards & Consumer Protection P.	ulas Camalianea	var skooking noon akeeling		
<500>	Service Quality Standards & Consumer Protection R	dies Compilance	(check to indicate certification	n)	
<510>			(attached descriptive docu	ment)	
<600>	Functionality in Emergency Situations		(check to indicate certification	n)	
<610>	8		(attached descriptive documer	(t)	
	Company Origo Offician (miss)		J <sub>.</sub>		anner.
<700> <710>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached workshee (complete attached workshee		236111
<800>	Operating Companies and Affiliates		(complete attached workshee		
	Tribal Land Offerings (Y/N)?	Ufy	es, complete attached workshee		This is a
<1000>	Voice Services Rate Comparability		(check to indicate certification	n)	
<1010>			{attach descriptive document	0	
	Terrestrial Backhaul (Y/N)?	(if	not, check to indicate certificatio	n)	
<1110>	Terms and Condition for Lifeline Customers		(complete attached workshee	4 9 9 9 9	011111
12005	Price Cap Carriers, Proceed to Price Cap Additional I	Documentation Works	(complete attached workshee		V
	Including Rate-of-Return Carriers affiliated with Pri	a state and a second second		22 <u></u>	
<2000>			(check to indicate certification	***************************************	1111111
<2005>	Pate of Patura Carriers Present to DOD Addistreet	Documentation Made	(complete attached worksheet		30000
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Cocumentation Works	neet (check to indicate certification	,	441116
<3005>			(complete attached worksheet		1111111

(100) Service Quality Improvement Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359126	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.	N 41.75
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years,		
112>	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only	company is a	
	required to address voice telephony service.		
	Please check these boxes below to confirm that the attached documents(s), on lit 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		SV
<114>	Report how much universal service (USF) support was received		
:115>	How (USF) was used to improve service quality		
	How (USF)was used to improve service coverage		
:116>		The state of the s	
<116> <117>	How (USF) was used to improve service capacity		

(200) Service Outage Reporting (Voice) Data Collection Form		FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013
Carrier and a second service	- Constitution - Cons	

<010>	Study Area Code	359126
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137625107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@aprint.com

<220>

<20	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<<1>	<<2>	<d></d>	<e></e>	                                                                                                                                                                                                                                                                                                                                                     	<g>&gt;</g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
				-							
								-			
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		-						+			
- 0											
								-			
											J.,

E-45-4437 1-05-17	ce Offerbes Including Voice Rate Data lection Form	FCC Form 481 OMS Centrol No. 3060-6985/GMB Centrol No. 3060-6819 July 2013
<010>	Study Area Code	359126
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
<701> <702>	Residential Local Service Charge Effective Date  1/1/2014 Single State-wide Residential Local Service Charge	

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
10/2002								
		-						
_					- HUI - H			
			1779-15-5-1		Ex III.			
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	1			<u> </u>				2 1823
								1 11 11 11 11 11 11 11 11 11 11 11 11 1

5.000 W/S/27/W/S/95/2	outhand Price Offerings (eption Paris	7CC Form 493 OAA'S Control No. 3050-0995/QMS Control No. 3050-0839 504-2013
<010>	Study Area Code	359126
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9127626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
	-							
		_						
						7		
	-							
		+						
	-							
	12.7							

(80e) Op	erating Companies Section Form	。 第一句:"是可可能的。"			FCC Form 48.1 OMB Control No. 3060-0586/CMB Control No. 3060-0619
	section Form			4.65	July 2013
3433837763			TO SERVICE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER		
<010>	Study Area Code		359126		
<015>	Study Area Name		Virgin Mobile	USA LP	a limitation in the second second
<020>	Program Year		2015		
<030>	Contact Name - Person	USAC should contact regarding this data	Andrew M. Lan	caster	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	9137626107 ex	t.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	andy.m.lanca	ster#sprint.com	
<810>	Reporting Carrier	Virgin Mobile USA LP			
<811>	Holding Company	Softbank Corp.			
<812>	Operating Company				
			<del>(11 - 12 - 12</del> - 12	*	
<813>	Market Billion	cols .		CE>	<b>d</b>
		Affiliates		SAC	Doing Business As Company or Brand Designation
		Allinates		SAL.	bong business to company or other besignation
		-WD - WD	1000		
	-				- Short Issue - Str
		in the second se	See att	ched worksh	ant
			See all	acried Workstr	¢C(
					<del></del>
		1,2			
	2				
	***				
	100				
	S				- V- WW. (V
	or magazine				
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	Xc	9			
	AND THE PARTY OF T	10/00 8/00			
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	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
010>	Study Area Code	359126
015>	Study Area Name	Vixgin Mobile USA LP
20>	Program Year	2015
30>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
35>	Contact Telephone Number - Number of person identified in data line <03	
39>	Contact Email Address - Email Address of person identified in data line <03	0> andy.m.lancasterEsprint.com
910>	Tribal Land(s) on which ETC Serves	
20>	Tribal Government Engagement Obligation	Name of Attached Document
vour c	ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes	
	m the status described on the attached document(s), on line 920,	
	trates coordination with the Tribal government pursuant to	Select
	(a)(9) includes:	(Yes,No,
		NA)
21>	Needs assessment and deployment planning with a focus on Tribal	
22>	Feasibility and sustainability planning;	
23>	Marketing services in a culturally sensitive manner;	and the second s
24>	Compliance with Rights of way processes	
25>	Compliance with Land Use permitting requirements	
26>	Compliance with Facilities Siting rules	
27>	Compliance with Environmental Review processes	
28>	Compliance with Cultural Preservation review processes	
29>	Compliance with Tribal Business and Licensing requirements.	

	Terrestrial Backhaul Reporting action Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359126
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Collow Study Area Code  Colfact Study Area Name  Colfact Name - Person USAC should contact regarding this data  Colfact Name - Person USAC should contact regarding this data  Colfact Telephone Number - Number of person identified in data line Colfact Name - Person USAC should contact regarding this data  Colfact Telephone Number - Number of person identified in data line Colfact Name - Person USAC should contact regarding this data  Colfact Telephone Number - Number of person identified in data line Colfact Name - Person USAC should contact regarding this data  Colfact Telephone Number - Number of person identified in data line Colfact Name - Person USAC should contact regarding this data  Colfact Telephone Number - Number of person identified in data line Colfact Name - Person USAC should contact regarding this data  Colfact Telephone Number - Number of Person identified in data line Colfact Name - Person USAC should not not not not necessary necessar		niconationna variation il Ovine communication e de la communication de la communication de la communication de	July 2013
Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Terms & Conditions of Voice Telephony Lifeline Plans  Name of Attached Document  Link to Public Website  HTTP  http://www.assurancewireless.com/Public/TermsandConditions.aspx  Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must innually report:	<010>	Study Area Code	359126
Contact Name - Person USAC should contact regarding this data  Andrew M. Lancaster  9137626197 mxt.  4039> Contact Telephone Number - Number of person identified in data line <030> 4039> Contact Email Address - Email Address of person identified in data line <030> 4039> Terms & Conditions of Voice Telephony Lifeline Plans  Name of Attached Document  1220> Link to Public Website  HTTP  http://www.assurancewireless.com/Public/TermsandConditions.aspx  Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to is 4.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must innually report:  1221> Information describing the terms and conditions of any voice	<015>	Study Area Name	Virgin Mobile USA LP
Contact Telephone Number - Number of person identified in data line <030> 2117624107 ext. 2039> Contact Email Address - Email Address of person identified in data line <030> 2117624107 ext. 2039> Terms & Conditions of Voice Telephony Lifeline Plans  Name of Attached Document  HTTP  http://www.assuxancewireless.coe/Public/TexmsandConditions.aspx  Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to 154.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:  1221> Information describing the terms and conditions of any voice	:020>		2015
Contact Email Address - Email Address of person identified in data line <030>  andy.m.lancaster@sprint.com    Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address - Email Address of person identified in data line <030>   Contact Email Address of person identified in data line <030>   Contact Email Address of person identified in data line <030>   Contact Email Address of person identified in data line <030>   Contact Email Address of person identified in data line <030>   Contact Email Address of person identified in data line <030>   Contact Email Ad	030>		
220> Link to Public Website  HTTP http://www.assurancewireleas.com/Public/TermsandConditions.aspx  lease check these boxes below to confirm that the attached document(s), on line 1210, the website listed, on line 1220, contains the required information pursuant to 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must nually report:	035>	Contact Telephone Number - Number of person identified in data lin	ine <030> 9137626107 mxt.
Name of Attached Document  HTTP http://www.assurrancewireless.coe/Public/TermsandConditions.aspx  Please check these boxes below to confirm that the attached document(s), on line 1210, the website listed, on line 1220, contains the required information pursuant to 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must inually report:	039>	Contact Email Address - Email Address of person identified in data li	fine <030> andy.m.lancaster@sprint.com
Link to Public Website  HTTP http://www.assurrancewireless.coe/Public/TermsandConditions.aspx  Please check these boxes below to confirm that the attached document(s), on line 1210, the website listed, on line 1220, contains the required information pursuant to 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
Please check these boxes below to confirm that the attached document(s), on line 1210, the website listed, on line 1220, contains the required information pursuant to 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	1220>	Halia Balli Wakin	3.00
r the website listed, on line 1220, contains the required information pursuant to is 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must innually report:  1221> Information describing the terms and conditions of any voice	Please c	heck these boxes below to confirm that the attached document(s), on line 1.	1210.
54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must inually report:  1221> Information describing the terms and conditions of any voice			
	54.422	(a)(2) annual reporting for ETCs receiving low-income support, carriers must	ıt .
	1221>		
1222> Details on the number of minutes provided as part of the plan,	1222>	Details on the number of minutes provided as part of the plan,	
223> Additional charges for toll calls, and rates for each such plan.			

MARKET TRANSPORT	ice Cap Carrier Additional Documentation		FCC Form 481
22.5	ection Form	and the second second	GMB Control No. 3060-0986/ONIS Control No. 3060-0919 July 2013
scluding	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		and total
<010>	Study Area Code	359126	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2015	The state of the s
<035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Andrew M. Lancaster 9137626107 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		
(033)	Contact Email Address • Email Address of person identified in data fine Costs	andy m.lancaster#sprint.com	17 WE
CHECK th	se boxes below to note compliance as a recipient of incremental Connect Amer	ca Phase I support, frozen High Cost support, I	ligh Cost support to offset access charge reductions, and Connect America Phase II
	support as set forth in 47 CFR § 54.313(b),(c),(d),(e)		
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
			_
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		<b>—</b>
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	shall provide the number, names, and	
		1 2	
<2021>	Interim Progress Community Anchor Institutions		
		Name of	Attached Document Listing Required Information

(5000) Я	atio Of Retigin Carrier Additional Decumentation	PCC Form 481			
Dute Col	Seption Form	CARE Commol No. ICOS-OSEA/Obits Control No. ICOS-OSE39 Ruly 2013			
allego santono	New ACCO.				
<010>	Study Area Code	359126			
<015>	Study Area Name	Virgin Mobile USA LP			
<030>	Program Year  Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster			
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com			
CHECK	the boxes below to note compliance on its five year service quality plan (pursua)	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 4			
	CFR § 54.313(f)(2). I further certify that the	te information reported on this form and in the documents attached below is accurate.			
(3010)	Progress Report on 5 Year Plan				
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	l I			
		Name of Attached Document Listing Required Information			
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and adds providing access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began			
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))				
		Name of Attached Document Listing Required Information			
	Is your company a Privately Held ROR Carrier (47 CFR § 54 313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)			
Please	check these boxes to confirm that the attached document(s), on line 3017	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Comment of the second of the s			
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows			
(1017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation				
		Name of Attached Document Listing Required Information			
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)			
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	ormat comparable to RUS Operating Report for Telecommunications			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flows			
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.			
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024) (3025)	Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows			
	Attach the worksheet listing required information				

	tion - Reporting Carrier Section Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359126
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Virgin Mobile USA LP Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2014 Printed name of Authorized Officer: Jay Franklin Title or position of Authorized Officer: Assistant Controller Telephone number of Authorized Officer: 9137625987 ext. Study Area Code of Reporting Carrier: 359126 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

\$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	ion - Agent / Cerrier ection Porm	PCC Form 481 OMB Control No. 3080-0985/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359126
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on beha	ported on behalf of the reporting carrier. I	
also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	y responsibilities include ensuring the accuracy of the annual data reporting requirements p data provided to the authorized agent is accurate.	rovided to the authorized	
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI R	tecipients on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service s reporting carrier; and, to the best of my knowledge, the in	support recipients on behalf of the reporting carrier; I have provided formation reported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Deta Col	erating Companies lection Form		FCC Form 481.  ONIS Control No. 3050-0385/OMB Control No. 3050-0819  Tuly 2013
<010>	Study Area Code		359124
<015>	Study Area Name		Virgin Mobile USA LP
<020>	Program Year		2015
<030>	Contact Name - Person	USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address	- Email Address of person identified in data line <030>	andy.m.lancaster#sprint.com
<810>	Reporting Carrier	Virgin Mobile USA LP	
<811>	Holding Company	Softbank Corp.	
<812>	Operating Company	110.0	

Affiliates	SAC	Doing Business As Company or Brand Designation
Virgin Mobile USA LP	359126	Assurance Wireless
0		